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# Seventh Quarterly Report

Enhancing HIV/AIDS Prevention and Improving  
Reproductive Health in Zimbabwe (Phase II)

January - March 2003

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April 30th, 2003

Submitted by PSI/Zimbabwe to:

Department for International Development (DfID)

United States Agency for International Development (USAID/Harare)

United States Agency for International Development/Washington/PPC/CDIE/DI

HIV and TB Programme, Ministry of Health and Child Welfare

National AIDS Council (NAC)

Zimbabwe National Family Planning Council (ZNFPC)

PSI/Washington

Development Experience Clearinghouse

**QUARTERLY PROGRESS REPORT**

<b>Name of Activity:</b>	<b>Enhancing HIV/AIDS Prevention and Improving Reproductive Health in Zimbabwe (Phase II)</b>
<b>Country:</b>	<b>Zimbabwe</b>
<b>USAID CoAg #:</b>	<b>CA 690-A-00-01-00148-00</b>
<b>DFID Accountable Grant #:</b>	<b>AG 2846</b>
<b>Implementing Agency:</b>	<b>PSI/Zimbabwe</b>
<b>Start Date:</b>	<b>01 August 2001 USAID 01 February 2002 DFID</b>
<b>End Date:</b>	<b>31 July 2005 USAID 31 January 2006 DFID</b>
<b>Total Budget:</b>	<b>\$17,500,000 USAID UKL 6,800,000 DFID (US\$9,949,475 per Mod#1)</b>
<b>Current Obligation:</b>	<b>\$9,900,000 through 09/30/2003 USAID</b>
<b>Cost-Share Commitment:</b>	<b>\$4,414,825</b>

<b>Reporting Period Covered:</b>	<b>01 January 2003 – 31 March 2003</b>
<b>Date of Report:</b>	<b>April 30<sup>th</sup> 2003</b>

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## **Executive Summary and Analysis of Quarterly Activities and Performance**

Two important contractual modifications were developed during the quarter: a revised composite logical framework and a realigned budget. The revised logframe merges the original USAID and DFID logframes which were slightly different from each other, increases some of the sales and service targets by between 100% (male condoms and VCT clients) and 200% (hormonal CYPs delivered by ProFam). The new logframes also add indicators that will measure progress on project objectives that have evolved since the beginning of the program e.g. more specific targeting of ProFam products to LSMs 3-5; increased penetration of rural areas with Protector Plus condoms; the uptake of non-condom related HIV prevention strategies; and PSI/Z's organizational development. In anticipation of approval of the new logframes by the USAID and DFID contracts offices, the new targets and indicators are used in this report (see below).

Both the USAID and DFID budgets were realigned during the quarter to accommodate the increase in the sales and service targets and evolutions in the project direction and design since the program's inception in late 2001/early 2002. Perhaps the most significant change to the project is the addition of the Post-Test club component which is currently being implemented by PACT. PSI/Z will assume management responsibility for that activity following the end of PACT's current agreement with USAID on July 1<sup>st</sup> 2003. USAID/Harare and USAID/CSL have also agreed to provide PSI/Z with male condoms from the Commodities Promotions Fund providing some relief to the DFID budget. And a supply of STI drugs is proposed in the DFID budget to provide support to the New Start Plus STI/FP clinics in Bulawayo and Harare as well as to strengthen the STI treatment component under the regional Corridors of Hope program by assuring a more consistent supply of STI drugs to border towns.

With the recent dramatic increases in fuel prices in Zimbabwe (around 300 and 500% for diesel and petrol respectively), and the anticipated increase in the cost of almost everything, the budget realignment exercise - which is based on historical costs from a cost-environment characterized by very favourable exchange rate gains and highly subsidized fuel - is likely to be overtaken by a markedly different cost-environment before it is even approved. The impact of this additional pressure on the budget will make it harder to achieve the proposed targets and may mean a further realignment will be necessary in 2004. Nonetheless, the realignment exercise was most useful in setting more realistic and aggressive targets than before as well as defining limitations on what new initiatives PSI/Z can undertake with its current resources over the course of the next 2-3 years.

Finally, the economic environment in Zimbabwe continues to deteriorate, marked by increasingly unreliable communications, power outages and load shedding, fuel-price hikes, the continued unavailability of basic commodities, spare parts and other imported items necessary to advance the project goals. Inflation has persisted despite a more stable exchange rate environment. These pressures have both a direct and indirect impact on the project, the latter being realised through protests that involve work stay-aways and a decline in overall productivity as staff members must spend increasing amounts of time securing basic goods. While many of the factors that account for this situation are not

new, the intensity of the shortages and the extent of the deterioration have been more keenly felt in this past quarter than in any previous period since the inception of the project.

Also during the quarter, a strategy review team from USAID/W including Roxanna Rogers, Peter McDermott, Amanda Gibbons (PMTCT), Dr. Charlene Brown (VCT) and Nomi Fuchs assessed USAID/Harare's 5-year strategy at the mid-term of implementation. Interest was expressed in VCT integration into PMTCT service centres.

At DFIDCA/Harare, Marion Kelly from DFID/UK replaced Miriam Temin as the Health and Population Advisor to DFID/Harare. Carole Presern, Sr. Health and Population Adviser at DFIDCA also left for a post in Geneva and is replaced in the DFID regional office.

There was a 2-day, widely-respected political mass stay away from 18 – 19 March which restricted some activities although our office remained open.

In January, a meeting was held with the Head of the HIV/TB Unit in the Ministry of Health and Child Welfare to follow up on the Dec 2002 meeting about stigma and balanced messaging communications that took place with the Minister of Health and Child Welfare, the Permanent Secretary, NAC representative and USAID in PSI/Z's office; PSI will initiate a mass media balanced messaging campaign in Q2 2003.

PSI/Z elaborated a draft action plan that encompasses a schedule of activities that we are attempting to undertake as outcomes of the DFID OPR (Nov 2002), AIDSMark Program Planning Workshop and USAID/MoHCW meeting at PSI/Z (Dec 2002) and the ProFam Summit (Jan 2003). Some of these new initiatives have influenced the budget realignment exercise mentioned above.

**i) Sales and Service Statistics:**

**Key indicators and targets:**

1. 298,000 clients requesting HIV tests and receiving results at New Start centres by 2005, 86% LSM 1-6.
2. 100 million Protector Plus male condoms and 700,000 care female condoms sold
3. Sales of socially marketed hormonal contraceptives provide 480,000 CYPs.

**Quarterly Sales  
Performance**

Product/Service	QUARTER 1, 2003		2003		Project-to-date sales	Four -year LOP Target **	% time burn	% target
	Qtr Sales	Quarterly Target	Annualized Sales	Annual Target*				
Protector Plus	6,871,590	5,353,000	27,486,360	26,500,000	39,598,540	100,000,000	41.67%	39.60%
CAREX Novelty Condoms	11,088	N/A	110,880	N/A	11,088	N/A		
Care Female Condom	214,480	157,950	857,920	650,000	1,159,674	700,000	41.67%	166.0%
Duofem oral contraceptive	131,960	175,500	527,840	700,000	643,450	2,790,750		
Marvelon oral contraceptive	157,820	126,000	631,280	500,000	810,390	2,036,250		
Exluton oral contraceptive	87,220	75,000	348,880	300,000	465,390	1,221,750		
Subtotal – Orals	377,000	376,500	1,508,000	1,500,000	1,919,230	6,048,750		
Depo-Provera injectable	25,578	20,100	102,312	80,000	118,844	337,800		
Hormonal CYPs	35,395	33,986	141,578	135,385	177,344	480,000	41.67%	36.94%
New Start VCT clients	24,092	16,500	96,386	70,000	109,017	298,000	41.67%	36.58%

\* Annual targets are internal to PSI/Z.

\*\* The 4-year LOP targets are those established in the revised proposed logframes. A revised set of life-of-project targets for Male Condoms Distributed (100,000,000); New Start Clients Counselling and Tested (298,000) and Hormonal CYPs delivered (480,000) is being reviewed currently by DFID and USAID; in anticipation of those new targets being accepted by USAID/DFID, they are included here. Formerly the targets were 50,000,000 male condoms, 160,000 CYPs and 150,000 new VCT clients. Annual sales targets for hormonal contraceptives used are as reflected in the 2003 MBOs where annual oral contraceptives are targeted at 1 500 000 and Depo provera at 80 000.

## **Narrative Report by Activity**

### **New Start Voluntary Counseling and Testing Services**

#### **I. Key indicators and targets:**

- 1. Recurrent cost per-client decreases to US\$36 in final year of project.*
- 2. Seven (7) **New Start** integrated and three (3) **New Start** direct VCT centres operational at EOP*
- 3. Rapid Test Kits introduced in all operational **New Start Centres**.*
- 4. 60% of clients are offered information on at least one community group to provide follow-up support.*

#### **II. Executive Summary – New Start VCT; including opportunities and challenges**

The New Start network of 14 voluntary counselling and HIV testing centres saw a record 24,092 new clients this quarter, a record 25% increase over the previous quarter's number. This drastic increase in client flow can be attributed to a combination of factors:

- Continued strong performance from the three new sites opened in the previous quarter in Victoria Falls, Chitungwiza, and downtown Harare (Genesis).
- The new focus on ramping up performance of the outreach services provided by the Genesis Harare, Bambanani Bulawayo, and Mutare sites, along with the initiation of outreach from the Victoria Falls site, which brought the total for outreach clients to 2,694.
- The effect from airing of 4 episodes of "Studio 263" at the end of January, which helped promote New Start as an easy, client-friendly service.
- The Valentines Day Couples Promotion which ran from Feb. 10-22, during which 4,262 clients were seen.

However, it is also possible that New Start's perceived high quality of service combined with innovative communications are slowly changing the culture of stigma and that Zimbabweans are starting to realize the importance and benefits of knowing their status.

After more than three full years in operation, New Start's cumulative total constitutes more than 2.5% of the adult population of reproductive age in Zimbabwe.

New Start will continue to grow in the future by opening more sites in larger urban areas like Masvingo, through expanding mobile outreach services in partnership with supporting organizations and through initiatives linked to the provision of family planning and PMTCT services. Service integration will play an increasing role in New Start implementation, not only through linkages with

PMTCT, but also with ZNFPC family planning services and the integration of Family Planning and STI treatment services into other selected New Start centers.

New Start integrated an STI diagnosis and treatment clinic with family planning service provision into its two largest stand-alone sites in November. These clinics operate like ProFam clinics for STI and FP service provision. In the present quarter, a total of 768 clients were seen by New Start Plus—682 for STI services and 86 for family planning services. Although originally designed to attract clients to New Start, the services are not being widely advertised until PSI/Z can get some idea of the ensuing demand. The drugs for the clinics are currently funded using private funds from PSI/W and although these funds are probably sufficient to operate the clinics for well over a year, we are taking a wait and see approach – advertising by word of mouth and through New Start counseling sessions only – until we have a better sense of the demand for the services. STI drugs have been put in the realigned budget which will be submitted to DFID next quarter; if approved, these funds should assure reliable supplies of drugs through the end of project.

One New Start Centre was discontinued during the quarter (Bindura) and PSI/Z signed an operating agreement with Murambinda Mission hospital; VCT services at that hospital will begin to be offered next quarter. The thirteen New Start Centres, which are currently operational, are Harare City (Harare), Chinhoyi Hospital (Chinhoyi), Triangle Hospital (Triangle), Matabeleland AIDS Council (MAC) (Bulawayo), Mutare City (Mutare), Nkulumane Clinic (Bulawayo), Gweru City (Gweru), New Africa House (NAH) Harare, Genesis (Harare), Chitungwiza Town Centre, Bulawayo Direct Site (BDS) (Bulawayo), Gwanda Provincial Hospital (Gwanda) and Victoria Falls. The graph shows monthly client figures from January 2000 for the New Start Network as a whole.

### **III. Q7 Workplan and progress against those objectives**

- Sign OA and open new site at Murambinda Mission Hospital.

*OA was signed in February and the site is due to commence operations in April.*

- Integrate New Start VCT services with ZNFPC and Advance Africa in Magunje youth centre.

*Integration has been held up due to ZNFPC's difficulties in facilitating the required agreements and provision of space at the site. An agreement for Magunje is expected in the next quarter, with the site opening late next quarter or early the following.*

- Sign leases and complete renovations at out-of-hospital sites in Chinhoyi and Gwanda.

*Leases signed. Renovations completed at Chinhoyi and site set to open early next quarter. Gwanda renovations delayed due to lack of availability of construction materials, but due to be completed mid-next quarter.*

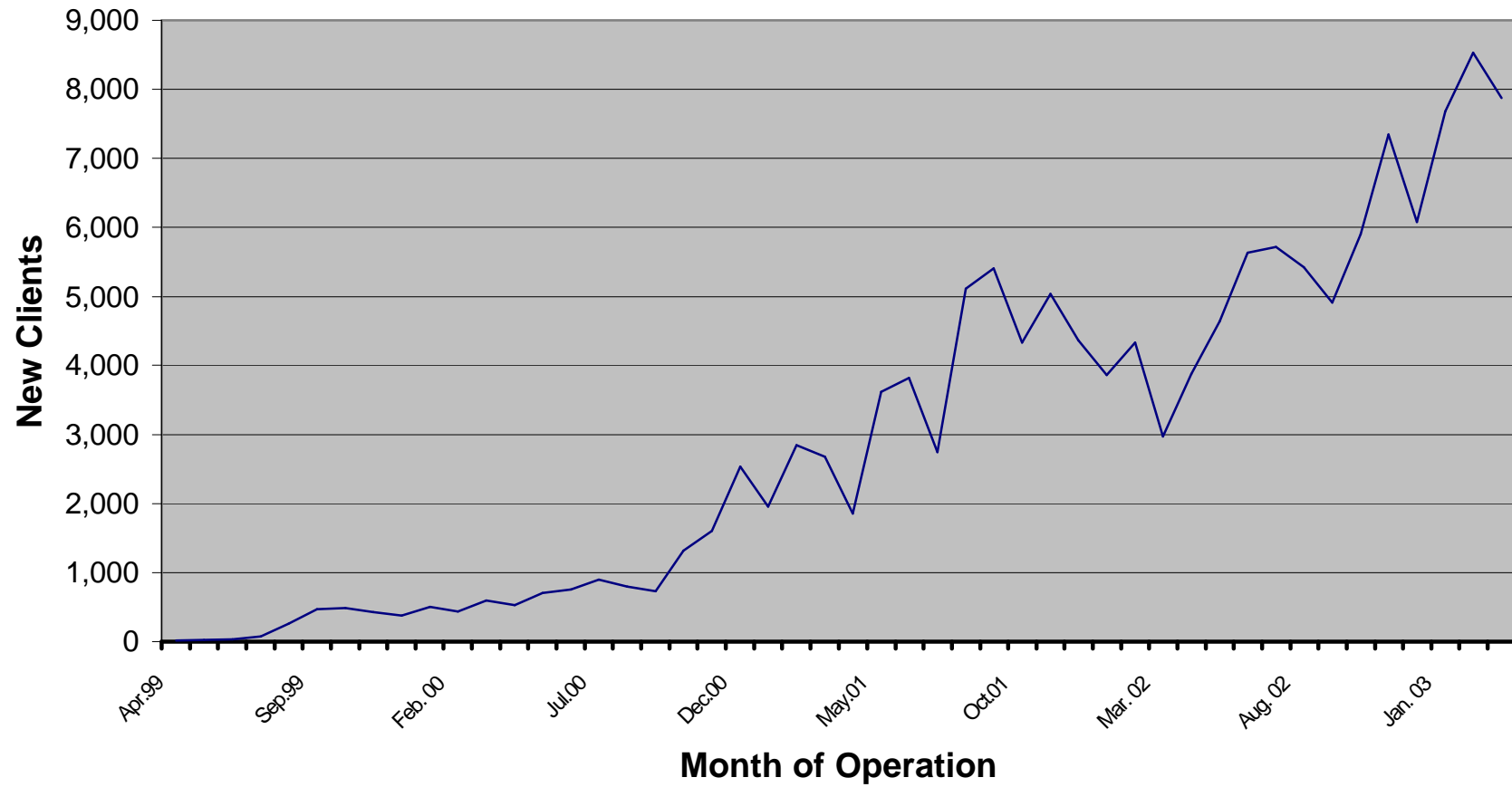
- Select location (probably in Masvingo) for next free-standing site to open in Q2.

*Location selected in Masvingo, and meeting held with local authorities. Lease to be signed and renovations commenced mid-Q2.*

- Develop SOW and coordinate the assessment of district facilities for potential VCT integration with PMTCT.  
*Draft SOW developed, but assessment initiative subsequently taken on by MOHCW and awaiting execution in Q2.*
- Integrate VCT with PMTCT in Victoria Falls (Chinotimba) and Nkulumane Clinic.  
*Vic Falls integrated and Nkulumane in progress. Lessons being gathered.*
- Consolidate laboratory quality control activities.  
*Completed.*
- Develop policy and implement post-exposure prophylaxis at all NS sites.  
*Postponed to Q2.*
- Conduct Part 1, Part 2, and Refresher Counselor trainings; and initiate Pastor's HIV counseling workshop.  
*All scheduled trainings conducted successfully, including the much lauded Pastor's HIV counseling workshop.*
- Conduct mystery client exercise to assess quality of service offered at New Start centres  
*Postponed to Q2.*
- Conduct client exit survey to assess client satisfaction with VCT services  
*Postponed to Q2.*
- Submit papers for the ICASA conference on the following submitted abstracts;
  - Innovative Strategies to Increase the number of couples Accessing Voluntary Counseling and Testing in Zimbabwe;
  - Increasing Access to Voluntary Counseling and Testing in Rural Zimbabwe through Mobile Services;
  - The Role of VCT in Promoting Abstinence among Youths; and
  - Accuracy of Rapid HIV Testing Algorithm within Voluntary Counseling and Testing (VCT) in Zimbabwe.*Submitted.*
- Initiate mid-term program evaluation  
*Development of instruments for KAP and distribution survey underway.*



## New Start Monthly Client Growth



**IV. Q8 Workplan (April – June 2003) activities**

- Masvingo – get final approval from authorities for establishment, sign lease, commence renovations and hiring of staff.
- Open new annexed location for Chinhoyi NS while maintaining presence in provincial hospital.
- Complete renovations of new Gwanda NS location, hire staff, and move the site from the provincial hospital.
- Open and commence VCT service provision at Murambinda Mission Hospital.
- Participate in development of an agreement and implementation timeline with ZNFPC and Magunje Town Council for establishing a NS site at the youth center in that town.
- Explore possibility of opening a site in Mashonaland Central, particularly in partnership with North Eastern Hospital near Concession.
- Develop an agreement with PSZ with the intention of partnering with them to open sites in Gokwe and Kadoma.
- Commence integration of New Start Plus (STI and FP services) at Victoria Falls NS site.
- Assist the MOHCW and participate in the training and certification of nurses around the country in rapid HIV testing.
- Evaluate and designate alternate RTK's for use by the NS network when supply or quality problems preclude usage of currently dedicated kits.
- Conduct follow-up workshops for church leaders and pastors.
- Conduct new counselor training, as well as refresher workshops for current receptionists, lab techs, office assistants, and site supervisors.
- Finalize policy and implement post-exposure prophylaxis at all NS sites.
- Conduct mystery client exercise to assess quality of service offered at New Start centres.
- Participate in MOHCW organized PMTCT assessment.

## **Narrative Report by Activity**

### **ProFam IPMS (Integrated Private Medical Sector)**

#### **I. Key indicators and targets:**

*1. Proportion of modern contraceptive method users from LSM 3-5 who choose ProFam as their source of contraceptives increases from 31% to 40%*

#### **II. Executive Summary – ProFam IPMS; including opportunities and challenges**

ProFam's line of hormonal contraceptives delivered 35 395 CYPs during the quarter, against 27 749 CYPs delivered in the last quarter of 2002. This continues the very high sales trend for oral and injectable contraceptives as reflected in 2002, despite the low sales realized with Duofem in January due to amendment of the agreement between PSI and Wyeth.

ProFam stakeholders meeting was held on 17<sup>th</sup> January (USAID, DFID, ZNFPC, the MoHCW and the MoEd.) to discuss how best its services could be targeted to properly segment the contracepting market among the public, SM and commercial sectors to ensure proper use of subsidies. It was recommended that ProFam target LSM 3-5 and an indicator was proposed to DFID and USAID in a revised composite logframe during Q1 2003; PSI/Z will also track its Cost per CYP for that range of LSM 3-5 to ensure that the targeting strategy remains cost-effective. One potential way of reaching LSM 3 – 5 is to establish rural health posts in growth points and farming areas, an objective PSI/Z is currently exploring. More rigorous price control e.g. printing the recommended retail price on the package was another issue discussed as a way of reducing overcharging by retailers. The project is to assess quality of services by ProFam members vs. non-ProFam members through engaging consultants e.g. JHU. With ProFam now reaching out to lower-income consumers by emphasizing distribution through independent nurses, pharmacists and doctors who operate in the high density suburbs, peri-urban and growth points where the lower income groups reside, the marketing department is in the process of developing a communication brief targeting the LSM 3 – 5 as a way of repositioning the project.

The Medicines Control Authority of Zimbabwe approved Postinor 2 packaging submitted by Gideon Richter in March, a traditionally youth-oriented method. Currently, young people in search of a “morning-after” contraceptive have to derive a dose from existing lines of oral contraceptives already on the market. PSI/Z intends to offer a dedicated Emergency contraceptive pill, Postinor 2 (from Gideon-Richter) in Q2 2003. This will be marketed largely towards the trade with very little consumer-level promotion. Marketing department is working on the final details of the IEC materials with Barkers (consumer, provider brochures/inserts and posters). The films will be sent to PSI/W as soon as they are ready for production. EC agreement will be sent to PSI/W in April for signing by all parties. Distribution Agreement between PSI/Z and Geddes will also be amended to include distribution of EC by April.

Jadelle, a two-rod implant is now in the market and stocks of the 6 rod Norplant are now finished. Twenty six (26) pharmacists were trained in March to join the ProFam network; this has been the largest group of pharmacists ever since we started training in 1998. This could be attributed to migration of pharmacists to UK and South Africa leaving most pharmacies with no trained pharmacists. In March eleven (11) doctors were trained in screening of Cancer of the Cervix (CaCx) using acetic acid in an on-going attempt to broaden the range of reproductive health services provided by ProFam service providers.

ProFam Project Coordination Committee meeting was held on 20<sup>th</sup> March, with 16 members in attendance. Key issues discussed were the conclusions reached pertaining to the repositioning of the project during the Stakeholders meeting in January 2003, progress of the health portal, setting up of rural health posts and the independent nurse's advocacy issue on procuring and dispensing antibiotics. Following the PCC meeting the Independent nurses managed within the month to identify two consultants including a lawyer who would analyse the statutory instruments that prohibit nurses from procuring and dispensing antibiotics and are also working on the proposal to be submitted to Futures Group who will provide the financial support.

A total of sixty six (66) providers have received basic IT skills. The project acquired forty three computers for the providers. To date only 19 providers are using the portal (13 doctors, 4 pharmacist and two nurses out of 67 providers). A decision has been made to withdraw computers from mainly nurses and other providers who are not accessing the portal but are found to be using the computers for other things. Course development is still in progress moving at a very slow pace. A decision has been made to contract the relevant trainers for two days away from their jobs so that development of modules can be finalized.

In an effort to make ProFam youth focused, separate meetings have been held with ZNFPC, UNICEF and UNFPA to enable us establish what is already happening in schools and by whom. This would help us know exactly what PSI/Z could complement the Ministry of Education with. Another meeting is yet to be arranged with the Director of Research Planning and Policy development within the Ministry of Education who has the say as to whether PSI/Z can come in partnership with the ministry.

In the quarter, seven colleges had signed MOUs for trainings to begin in February. Two thousand three hundred and sixty (2 360) students were educated by end February through the AIDSCORP program. Pitch presentations were held in the quarter with Mutare UB, Schweppes Zimbabwe and Migdale Trucking Company. Four hundred and twenty three employees have attended the AIDSCORP mainly from Schweppes, Cresta Churchill, Gwanda police, African Wild Life Foundation.

Among ProFam's strengths and opportunities are the fact that there is good distribution coverage by Geddes and the Field Support Specialists; PSI/Z will soon be engaging Independent Health Care a pharmaceutical company to complement the services of Geddes in distributing our products. PSI is also exploring the possibility of establishing rural outreach programmes through health posts at growth points in areas not serviced by ZNFPC and conducting mobile clinics at food distribution points

Our weaknesses and threats include the fact that service providers were affected by the non-availability of Duofem in January due to amendment of the agreement with the manufacturer. Also supplies of Depo Provera have been erratic due to packaging problems with the packaging company DAB. Both of these issues had been resolved by the end of the quarter. PSI is also aware of the potential for targeted subsidies being enjoyed by upper and upper-middle class consumers as economic hardships in Zimbabwe increase.

### **III. Q7 Workplan and progress against those objectives**

#### **a. Sales and Distribution**

- Sell through Geddes and Field Support Specialists a target of 20 100 vials of Depo Provera, 126 000 cycles Marvelon, 175 500 cycles Duofem and 75 000 cycles of Exluton per quarter.

*Sales figures for Marvelon of 157 820 cycles, Exluton of 87 220 cycles and Depo Provera 25 578 vials were above the quarterly sales targets of 126 000, 75 000 cycles and 20 100 vials respectively.*

#### **b. Training**

Conduct:-

- Training of Trainers skills course for IPMS, AIDSCORP and VCT trainers
- Doctor's Ca Cx screening using acetic acid - March 10<sup>th</sup> – 12<sup>th</sup>
- Provider Youth Friendly course in Harare 17<sup>th</sup> to 21<sup>st</sup> February
- Pharmacists Reproductive Health course in Harare 15<sup>th</sup> to 16<sup>th</sup> March

*Six FSSs, two Training Officers and two VCT trainers were trained in training skills January 20<sup>th</sup> – 24<sup>th</sup> 2003*

*11 Doctors' attended screening of CaCx course held on 10<sup>th</sup> – 12<sup>th</sup> March 2003.*

*One training officer trained in STI management for 4 weeks in March at GU center.*

*Deputy Director Technical Services and one training officer attending systemic counseling course since January with CONNECT*

*One training officer and one FSS attended the ZNFPC family planning clinical course 3<sup>rd</sup> – 14<sup>th</sup> March 2003 to enhance their reproductive health skills in the field; also one Independent nurse was sponsored to attend the same course.*

*26 pharmacists trained in reproductive health course in Harare on 15<sup>th</sup> to 16<sup>th</sup> March 2003*

**TABLE 1: Trainings Conducted – January – March 2003**

Date	Venue	Name of Course	No of Pax Trained During Qrt	No. Of Pax Trained as at August 1 2001 (i.e. Start Of Phase II)
6 <sup>th</sup> March 2003 7 <sup>th</sup> March 2003	Harare	OTC and Nurse aids VCT Orientation and IPC Skills	16 35	172
-	-	Nurses HIV Counseling and STI Management Refresher	-	144
		Doctors IRH Practical	-	56
10 <sup>th</sup> – 12 <sup>th</sup> March 2003	Spilhaus clinic Harare	Screening of Ca Cx for doctors (not as part of Norplant course)	11	11
-		Doctors IRH Course	-	34
		Doctors IRH Refresher	-	35
-	Cresta Jameson Hotel - Harare	Pharmacist IRH Comprehensive	26	72
-	-	Pharmacists IRH Refresher	-	-
-	-	Youth Friendly Training	-	-
-	-	Experience Sharing Seminar	-	41

### c. Support and Follow Up

- FSS to continue with support and follow-up visits of ProFam network members
- FSS to continuously recruit more private medical providers into the network.

*On-going*

**TABLE 2: January - March 2003 Visits Done By Field Support Specialists**

Visited	No: Visited During Qtr	No Visited as at August 2001(Start of Phase 11)
Doctors	163	1171
Nurses	123	786
Pharmacists	162	995
<b>TOTAL</b>	<b>448</b>	<b>2952</b>

**d. Product Marketing**

- Merchandise outlets continuously
- Conduct trade visits
- FSS to organize monthly ProFam neighbourhood meetings with service providers
- Sell products to trained service providers

*On-going*

**e. I E C**

- Continue distribution of posters and brochures

*On-going*

**f. Workplace Training**

Educate high-risk groups in colleges, estates, mines and companies i.e. youth, truckers, CSWs, uniformed officials and informal traders on STD/HIV/AIDS prevention.

*A total of 391 employees attended AIDSCORP training on HIV/AIDS prevention in the quarter.*

*A total of 2457 students educated in colleges on HIV/AIDS prevention*

*184 policemen/women attended AIDSCORP sessions in the quarter*

*Pitch presentations done for Mutare UB, Migdale Holdings and Schweppes and MOUs signed except for Mutare UB and Migdale.*

**TABLE 3: HIV/AIDS Prevention Institutional Training per Quarter  
January – March 2003**

Company/College	# Reached Per Quarter	Cumulative # Reached For Phase 11
Belvedere Teachers College	250	
Danhiko College	310	
Seke Teachers College	490	
Chinhoyi University	300	
Morgan Zintec	490	
Hillside teachers college	100	
Gwanda teachers college	133	
J.M. Nkomo Poly Technic	113	
Umguzo Peer Education	21	
Young Africa	250	
ZRP	184	
Schweppes Zimbabwe	56	
Cresta Group of Hotels	204	
Cotton company of Zimbabwe- Gokwe	122	
Mobil Oil	110	
African Wild Life Foundation	9	
<b>TOTAL</b>	<b>3142</b>	<b>12 620</b>

#### **IV. Q8 Workplan objectives (April - June, 2003)**

##### **1. Trainings**

Conduct the following trainings:-

- CaCx Screening using acetic acid Harare tba
- Pharmacists RH Course Byo 10<sup>th</sup> – 11<sup>th</sup> May 2003
- Provider Youth Friendly course Byo 19<sup>th</sup> – 23<sup>rd</sup> May 2003



- Provider Youth Friendly course Hre 9<sup>th</sup> – 13<sup>th</sup> June 2003
- Nurses HIV counseling and STI management Refresher Byo 24<sup>th</sup> – 27<sup>th</sup> June

## **2. ProFam Expansion**

- Develop new ProFam campaign with focus on LSM 3-5
- Launch EC
- Finalize development of course modules for the health portal program.

## **3. Provider Relations**

- Hold a Quarterly Review meeting with ZNFPC date **tba**
- Hold a Project Coordinating Committee meeting on 26<sup>th</sup> June 2003

## **4. Marketing**

- Develop campaign brief for ProFam repositioning
- Produce Quarterly Newsletter for providers and a yearly Newsletter for stakeholders
- Finalize production of films for IEC materials for the Emergency Contraceptive pill.

## **5. AIDSCORP**

- Recruit more companies with high risk groups
- Continue the CSW initiative.
- Continue working with youth groups

## **6. In House Staff Development**

- Field Support Specialists and Training Officers to attend STI course
- Systemic counselling course in progress

## **7. Research Monitoring and evaluation**

- Conduct a research on family planning dynamics among women in lower socio-economic classes with the aim of assessing;
  1. Economic costs to family planning (distance, psychic costs, market costs and time costs)
  2. Desired number of children

3. Knowledge about Profam products and
  4. Family planning preferences
  5. Demographic profile of women in LSM 1-5.
- Monitor the progress of the health portal program
  - Initiate mid-term program evaluation

## **Narrative Report by Activity**

### **Male and Female Condom Social Marketing (MFCSM)**

#### **I. Key indicators and targets:**

*Protector Plus* available in 80% of liquor related and other night outlets

*Protector Plus* perceived as affordable by 84% of LSM1-6

Proportion of total Protector Plus sales that are rural increases from X% to Y%. (X% baseline to be established in 2003 retail audit)

*Care* perceived as affordable by 50% of urban single women aged 15-34

#### **II. Executive Summary – MFCSM; including opportunities and challenges**

Condoms sales, Protector Plus and Care, were adversely affected by stock shortages which were experienced during the quarter.

These stock shortages were caused by packaging problems experienced by the packaging companies and the change over from the old PP rectangular to the new square foil pack.

During the two day mass stay away in March, no sales and deliveries of condoms were done because Regional Officers could not go into the market and most shops in major urban areas did not open for business.

The fuel crisis continues to adversely affect operations as sales representatives have to queue for fuel and as a result they spend less time in the market.

43 new hair saloons were opened in the major urban centers around the country and they contributed significantly to CARE sales which grew by 189% compared to the previous quarter.

Some of the growth in male condom sales can be accounted for by declining numbers of public sector condoms distributed. In 2002, public sector male condom distribution was roughly 44 million pieces, down by almost 6 million pieces from previous years' average of 50m per year.

With the dramatic devaluation of the local currency and the informal trade and export of many Zimbabwean consumer products into Zambia, as well as a smaller amount into Botswana and possibly Mozambique and South Africa, Protector Plus in particular, and Care condoms are available in other countries. However, based on recent visit to Francistown in Botswana and Livingstone in Zambia by the National Sales Manager and a Regional Officer, very negligible quantities of both PP and Care were seen. On the contrary, particularly in Francistown, availability of the PSI Botswana brand Lovers Plus was very low at 50% of the outlets visited.

To try to stem the flow of cross-border condom trade, PSI/Z has restricted male and female condoms sales to the "Individuals" category to only one carton of 90 pieces and 20 pieces respectively. For both PP and CARE, PSI/Z has since stopped all institutional sales made directly by sales reps. Such sales will need the Technical Advisor's clearance first. Customs officials at border posts are also being called on to assist in curbing the flow of PP and Care across the borders. Restrictions of Care sales to organizations this quarter to control cross-border sales seem to be having the desired effect. Care sales through this channel went down by 90%.

Distribution of CAREX condoms started in mid March 2003 and 11,088 condoms were sold. There were no sales to chain stores like OK, TM, Bon Marche, Clicks and all wholesalers as the product was yet to be registered with these outlets. This process has since been completed and the target for Carex for the 2<sup>nd</sup> quarter is 90 000 condoms. Carex condoms sell for between 700 and 1200 (US\$0.50 – 0.90) per three pack depending upon the condom type. These condoms are mostly novelty condoms offering a range of colors, scents and textures. The condoms provide a product option priced between the social marketing brand, Protector Plus, and the next commercially available brands which sell for between Z\$1,300-1,500 (US\$1) per three-pack.

The National Sales Manager and the Regional Officer for Matebeleland went to Francistown in Botswana and Livingstone Zambia. The objectives of the visit were to find out the availability of Protector Plus and Care condoms, compare the retail prices of the Zambian and Botswana condoms to Zimbabwean condoms and to establish how condoms get into Zambia and Botswana. Protector Plus and Care are available in both towns but in negligible quantities. In Francistown, the availability of Lovers Plus and Care, the PSI/Botswana brands, was very low at 50% in the outlets visited. This coupled with exchange rate differences could be partly the reason why Zimbabwean condoms are being sold in Francistown. In Livingstone the main issue seems to be the price difference between Protector Plus and Maximum. Zambian cross border traders buy PP from outlets in Vic Falls for sale in Livingstone. They buy PP at K360.00 to K720.00 per box with 30 packets of 3 condoms each. They then sell PP in Livingstone at about K500.00 per packet of 3 condoms making K15000.00 per box..

50,130 condoms were sold through Coca Cola -PSI partnerships; two assistant regional officers were recruited.

### III. Q7 Workplan and progress against those objectives

#### Sales Highlights

#### Protector Plus (PP) sales by outlet type

Outlet type	Qtr 4 2002	Qtr 1 2003	Change (%)
LQ – Liquor	901460	623160	-31
HS – Hair Saloon	720	5310	638
ST- Stockist	96300	50130	-48
SU – Supermarket	1372230	1118160	-19
TU – Tuck-shop	79830	65070	-18
SE - Service Station	360180	332550	-8
HE - Health Care	655290	389700	-41
HO – Hotel	114390	62370	-45
OR – Organization	113200	93690	-17
WH – Wholesale	5077800	4109400	-19
OT – Other	72360	6660	-91
IN – Individual	8010	2160	-73
SA – Samples	12060	10800	-10
<b>TOTAL</b>	<b>8770970</b>	<b>6869160</b>	<b>-22</b>

**Care sales by outlet type**

Outlet type	Qtr 4 2002	Qtr 1 2003	Change (%)
HS – Hair Saloon	41900	121320	189
LQ – Liquor	920	2960	221
SU – Supermarket	7300	3420	-53
TU – Tuck-shop	440	3260	641
SE - Service Station	740	580	-21
HE - Health Care	15760	22760	44
HO – Hotel	60	120	100
OR – Organization	117120	11580	-90
WH – Wholesale	4760	12780	168
OT – Other	30040	33260	11
IN – Individual	2280	840	-63
SA – Samples	1960	1500	-23
<b>Total</b>	<b>223200</b>	<b>214480</b>	<b>-3</b>

**PP and Care sales against target, Quarter 1 and Year-to-Date 2003**

Product	Sales	Target	% variance	Year-to-Date Sales	Year-to-date Target	% Variance
PP	6 871 590	5 353 000	28	6 871 590	5353000	28
Care	214 480	157 950	36	214 480	157950	36

#### IV. Research

- Pre test the new PP packaging

*Pre-testing showed that functional aspects of the new pack were preferred compared to those of the old. For instance the new square pack was found to be trendy and fashionable compared to the old flat shape. New packaging informed by these findings is underway.*

#### V. Q8 Workplan (April – June 2003) objectives

**Sales targets for 2nd Quarter 2003**

Product	April	May	Jun	Total
PP	1 987 500	1 908 000	1 892 100	<b>5787600</b>
CARE	53 885	56 485	52 390	<b>162760</b>
CAREX	30 000	30 000	30 000	<b>90 000</b>

- Finalize Post Office distribution.
- Intensive distribution of Carex condoms in up market urban outlets.
- Recruit three assistant regional officers.
- Hold a selling skills training course for the entire sales team
- Initiate mid-term evaluation through KAP and distribution survey

### Narrative Report by Activity

#### Targeted Communications Initiative (TCI)

##### I. Key indicators and targets:

- 1) Percent of people having sex with more than one non-marital and/or non-cohabitating partners in past 12 months decreased from:
  - a. 52% to 41% among young males aged 15-24
  - b. 43% to 33% among young women aged 15-24

- 2) Increase median age at first sex from 18 to 19 and from 19 to 20 years for female and male youth aged 15-24 respectively.
- 3) Percentage who believes condoms are effective against HIV is:
  - a) 74% among urban and rural male youth aged 15-24
  - b) 83% among urban single women aged 15-34
- 4) Percent of people who report that their peers approve of using a condom increased from:
  - a) 31% to 50% among urban male youth aged 15-24
  - b) 22% to 45% among urban single women aged 15-34
- 5) 93 % of target group can cite correctly at least one place where s/he could obtain VCT services.
- 6) Increase from 46% to 65% of target group who report that they are likely to utilise VCT services.

## **II. Executive Summary – Targeted Communications Initiative (TCI); including opportunities and challenges**

In December, PSI/Z was visited by the Minister of Health and Child Welfare, the Permanent Secretary, the head of the HIV/TB Unit and other members of the Ministry of Health and Child Welfare. The meeting focused on how PSI/Z develops its communications campaigns and whether there could be more balance to the messages to include some non-condom related HIV prevention strategies. PSI/Z agreed to develop and flight spots with the MoHCW which focus on messages of abstinence, delayed onset and reduction of number of sex partners. Most probably PSI/Z will use stars from its soap opera, Studio 263, to address these and other issues. Messages will be developed in collaboration with the MoHCW.

- a. **Generic Communications** – The TV soap series entitled “Studio 263”, launched in September 2002, has grown to be the most popular TV program averaging over two and half million viewership per episode as per the independent viewership survey carried out by Select Research on behalf of Zimbabwe Broadcasting Corporation (ZBC). The soap which flights three times a week on television is aimed at reflecting the pressures that youths face, how they handle them and the consequences of their actions. While the program enjoys a high viewership among young Zimbabweans nationally, its popularity has widened considerably to appeal to the whole family. An impact assessment is being conducted with Probe Market Research to assess the impact of the show young people’s attitudes and behaviors.
- b. Meanwhile, the TV talk show “This Is Life” continuing to be flighted once a week, commands a viewership of 1.6 million per episode according to the same survey. The Talk Show won the prestigious NAMA award (National Art & Merit Award) in the HIV/AIDS communications category for the year 2002. Some of the topics covered during the quarter focused on trusted partner

myth and serial monogamy, abstinence, condom efficacy, perception of condom adverts, pressures that women face at work, HIV status disclosure, partner notification, partner communication, parent child communication, negotiating HIV prevention in married relationship, living positively with HIV, post test facilities, sex education in schools, stigma the greatest hindrance to HIV prevention etc.

- c. **Generic Spots & Youth Chatline** – Spots advertising covering generic messages on abstinence, knowledge of HIV status, consistent condom use with regular partners and adverts on youth chatline were flighted regularly during the quarter.
- d. **Hair Salon Promotion** – The hair salon program which started in Harare and Mutare, has now been expanded to Bulawayo and a few other towns in Zimbabwe. Training of new hair dressers is underway to increase the number of participating hair saloons and hair dressers to increase the impact of this initiative. A research carried out to evaluate the appropriateness of the channel in reaching out to women with behavior change messages, indicated a very favorable response for the channel. The research felt it to be more appropriate for generic HIV prevention messages and choices and care female condoms in specific rather than New Start.
- e. **Home meetings** – Home meetings targeting women are ongoing in the major towns. The scale of operation for Home meetings has also been increased significantly to cover more towns and more target women.

### III. Q7 Workplan and progress against those objectives

- Conduct at least 10 home meetings in Harare, Chitungwiza, Bulawayo and Mutare. *The targeted number of home meetings was achieved and the activity is ongoing.*
- Expansion of participating hair saloon in the promotion. *The promotion was expanded in Bulawayo, Masvingo and Gweru.*
- Improve the format for the TV talk show “This is Life. *A panel of presenters was auditioned to present on the show. A series of new interesting topics like the role of “culture” in fighting HIV/aids were discussed in the shows.*
- Flighting the Youth Aids TV and radio adverts. *The adverts were flighted during the world cricket promotion. As part of the balanced message initiative the number of these generic spots flighted was significantly increased.*
- Promote the Youth Chatline on radio and TV. *The youth chat line adverts were flighted and the number of calls was reported to have increased by almost 100%.*
- Continuously improve the storyline for studio 263. *This is an ongoing activity. Meetings are held constantly to direct the script writers.*

### IV. Q8 Workplan (April – June 2003) objectives

- Conduct more home meetings in Harare, Chitungwiza, Bulawayo and Mutare
- Expand hair saloons in Mutare, Chitungwiza and Mutare to 60 outlets



- Increase number of participating hairdressers in each salon to 5
- Implement competition for best merchandised saloon
- Improve storyline for studio 263
- Develop the balanced messages campaign – abstinence and faithfulness.
- Continuously promote youth chat line on radio and TV
- Develop & implement IPC messages for rural youths under the Coca/UNAIDS Youth Initiative
- Conduct media impact multi round survey to assess the impact of edutainment on HIV/AIDS prevention.
- Initiate program mid-term evaluation

## **Narrative Report by Activity** **Organizational Development**

### **I. Key indicators and targets:**

70% of national PSI/Z line managers report they are applying increased skills acquired in previous year.

Key GOZ officials consider PSI/Z critical collaborative partner for achievement of health objectives

Continuing collaborative operations considered successful by PSI/Z and NGOs

### **II. Executive Summary – Organizational Development; including opportunities and challenges**

As PSI/Z grows we continue to look for expanded office space for our Harare based administrative and programmatic staff. Affordable, spacious and secure office space is very hard to come by. PSI/Z has been looking for such office space for over a year; in the interim, we are clearing out some storage space and renovating it to produce more offices.

PSI/Z also has a need for a Behavior Change/Mass Media Communications Specialist in our Technical Services department as well as some increased capacity in oversight of our administrative and compliance functions. Over the course of the next year, PSI/Z intends to undergo some minor restructuring to fulfill these needs.

### **III. Q7 Workplan and progress against those objectives**

- The Sales Team held a Sales Conference from 23 – 24 January for 2003 planning. The sales conference recognized top performers in categories of quantity and quality of sale and overall sales performance i.e. quantity, quality and reporting timeliness and compliance. The conference also outlined ways in which we can limit cross-border sales into Zambia.
- The USAID/W PMTCT and VCT technical advisors visited Victoria Falls New Start Centre and the Director of the AIDS and TB Unit in the MOHCW visited NAH for the first time.
- Chuck Szymanski visited Botswana from 24 – 29 March to participate in a CDC assessment of the Tebelopele VCT network.
- Following receipt of an invitation from the Minister of Health and Child Welfare, PSI/Z is moving forward with the design of an ITN program. The initial phase would be funded by the Discretionary fund, with follow on funding expected from the Global Fund based on conversations with the MoHCW. Technical assistance from PSI/W for a design is expected in May/June.
- The project was visited by Alison Malmqvist and Dr. Zou-Zou from PSI/DRC as well as Yasmin Madan and Megan deYoung from PSI/Washington. Alison and Dr. Zou-Zou were here mostly to see the ProFam network; Yasmin and Megan were in transit and on their way to our biannual regional retreat before the retreat was cancelled due to the Iraq war. Consequently, they provided extended TA to PSI/Z accomplishing the budget realignment, report writing, pipeline analysis, and the ProFam campaign development.
- The PSI/Z National Sales Manager and Regional Officer for Matabeleland visited Botswana and Zambia to assess the availability of PP and Care in those markets. (see attached report for more details).

### **IV. Q8 Workplan (April – June 2003) objectives**

- The PSI/ESA Financial Training pt. II to take place in Johannesburg, RSA in April 2003
- CIMAS Presentation on add-on HIV care and treatment option for PSI/Z employees as component of the HIV Workplace Policy which is in development